

Signature Document

AREA AGENCY ON AGING_____

CLOSEOUT PERIOD_____

PSA NO:_____

DATE:_____

- ☐ CDA 180: Title III/VII, IIIE, and CBSP
- ☐ CDA 90: Senior Community Services Employment Program (Title V)
- ☐ CDA 230: Health Insurance Counseling and Advocacy Program (HICAP)

I hereby certify to the best of my knowledge and belief that the Financial Closeout Report is accurate, current, and discloses the financial results of each project or program funded by this Area Agency with Older Americans Act Title III/VII funds, Older Californian's Act CBSP funds , federal and State SCSEP funds, and HICAP funds, as applicable.

SIGNATURE OF AREA AGENCY DIRECTOR		PRINTED NAME		DATE
>		>		
FOR STATE USE ONLY				
AAA-BASED TEAM/FISCAL SPECIALIST	DATE	TEAM COACH	DATE	
>		>		

SCSEP Federal and State Grant Financial Closeout Report
EXPENDITURE SUMMARY

CONTRACT PERIOD:		FINANCIAL CLOSEOUT REPORT		CONTRACT NO.:		PSA NO:		DATE:					
SECTION A													
COST CATEGORIES	AAA ADMIN		PROJECT ADMIN		PROGRAM/PWFB				TOTAL				
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
PERSONNEL COSTS	Federal	Federal Match	Federal	Federal Match	Federal	State	Federal Match	Program Income	Federal	State	Federal Match	Program Income	Total
Personnel													
Fringe Benefits													
Total Personnel Costs													
OPERATING COSTS					PROGRAM/OTHER								
Travel													
Equipment													
Supplies													
Contractual													
Orientation													
Assessment													
Training													
Supportive Service													
Job Development													
Transportation													
Other													
Total Operating Costs													
Indirect Costs													
Total Operating and Indirect Costs													
TOTAL COSTS													
SECTION B									SECTION C				
	(a)	(b)	(c)	(d)	(e)								
	Federal	State	Federal Match	Program Income	Total								
TOTAL ADMINISTRATION													
TOTAL PROGRAM/PWFB													
TOTAL PROGRAM/OTHER													
TOTAL COSTS													
FOR STATE USE ONLY													
Fiscal Specialist Approval					Date		Team Coach Verification				Date		
>							>						

AAA ADMINISTRATION EXPENDITURES*

CONTRACT PERIOD:	FINANCIAL CLOSEOUT REPORT	CONTRACT NO.:	PSA NO:	DATE:
SECTION A PERSONNEL COSTS				
				(A)
Position Classification:				Total
TOTAL PERSONNEL				
FRINGE BENEFITS				
TOTAL PERSONNEL COSTS				
SECTION B OPERATING COSTS				
				Total
Travel				
Equipment:				
Supplies				
Contractual				
Other:				
TOTAL OPERATING COSTS				
INDIRECT COSTS				
TOTAL COSTS - ADMINISTRATION				

* - Complete this page if AAA retains federal funds for administrative costs or AAA is a Direct SCSEP provider.

PROJECT ADMINISTRATION EXPENDITURES*

CONTRACT PERIOD:	FINANCIAL CLOSEOUT REPORT	CONTRACT NO.:	PSA NO:	DATE:
SECTION A PERSONNEL COSTS				
				(A)
Position Classification:				Total
TOTAL PERSONNEL				
FRINGE BENEFITS				
TOTAL PERSONNEL COSTS				
SECTION B OPERATING COSTS				
				Total
Travel				
Equipment:				
Supplies				
Contractual				
Other:				
TOTAL OPERATING COSTS				
INDIRECT COSTS				
TOTAL COSTS - ADMINISTRATION				

* - Do not include AAA administrative costs or AAA Direct SCSEP administrative costs.

CONTRACT PERIOD:		FINANCIAL CLOSEOUT REPORT	CONTRACT NO.:	PSA NO:	DATE:
PROGRAM/PARTICIPANT WAGES AND FRINGE BENEFITS (PWFB)					
SECTION A PERSONNEL (PARTICIPANT)					
					(A)
Participant Classification					Total
TOTAL PERSONNEL					
SECTION B PARTICIPANT FRINGE BENEFITS					
Categories					Total
Physicals					
FICA					
Workers Compensation					
Other:					
TOTAL FRINGE BENEFITS					
TOTAL PARTICIPANT PERSONNEL COSTS - PROGRAM/PWFB					
PROGRAM/OTHER					
SECTION C OPERATING COSTS					
Categories			Staff Costs	Other	Total
Travel					
Equipment					
Supplies					
Contractual					
Orientation					
Assessment					
Training					
Supportive Services					
Job Development					
Transportation					
Other:					
TOTAL OPERATING COSTS					
INDIRECT COSTS					
TOTAL OPERATING AND INDIRECT COSTS - PROGRAM/OTHER					

EQUIPMENT PURCHASES INVENTORY

CONTRACT PERIOD:		FINANCIAL CLOSEOUT REPORT	CONTRACT NO.:	PSA NO:	DATE:	
ITEM	ID/SERIAL NUMBER	MANUFACTURER	MODEL	PURCHASE PRICE	FEDERAL %	SCSEP COST
ADMINISTRATION - EQUIPMENT PURCHASES						
ADMINISTRATION - EQUIPMENT PURCHASES TOTAL						
OTHER PARTICIPANT EQUIPMENT PURCHASES						
OTHER PARTICIPANT EQUIPMENT PURCHASES TOTAL						